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Remit to:

LA County Sheriff's Department P.O. Box 512816 Los Angeles CA 90051-0816

Bill to:

CITY OF CARSON ATTN: ACCOUNTS PAYABLE 701 E CARSON ST First Supervisorial District CARSON CA 90745

Customer Name		** -
CITY OF CARSON		
Customer Number	Invoice Number	Invoice Date
508690	220258VC	09-01-21
•	ARDept/BPRO	Due Date
	SH: CCLE	10-31-21
	Tax ID	Revenue Source
	95-6000927	9317
	Amount Due	Amount Enclosed
	\$2,637.65	

Payment Me	thod: Che	k []	Money	Order	,	İ
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Please write Invoice No on front of check or Money Order. DO NOT MAIL CASH

Please check if address has changed.Write correct address on back of stub and attach with payment

Please detach the above stub and return with your remittance payable to LA County Sheriff's Department



Sheriff ORIGINAL

Servic	e From	Service To	Unit	Unit Name		Customer 1	Number	Invoice Number	Invoice Date
07-01-:	21	07-30-21	75766	Carson St Cities	ation-Contract	508690		220258VC	09-01-21
Invoic	e Charg	es					·	•	
Ref Line No.	Servic Code	e s	Service		Description	Liab	Actual Ins Service Units	Unit Price	Charges/Credit
1	337	Helicopt	ter Svc -	Hrly (CC)	HELICOPTER SERVICE FOR JULY 2021.	3			\$2,376.26
2					11% LIABILITY INSURANCE				\$261.39
								Subtotal	\$2,637.65

Other Charges	""
Description	Charges
TOTAL OTHER C	harges

Credit Payments Applied	\$0.00
Total Amount Due By 10-31-21	\$2,637.65

Please include your invoice number on all payments. MAKE CHECK PAYABLE TO: LOS ANGELES COUNTY SHERIFF'S DEPARTMENT P.O. Box 512816, Los Angeles, CA 90051-0816. Direct Inquiries to: 211 W. Temple St, 6th floor, Los Angeles, CA 90012 (213) 229-3241.

CITY OF CARSON

ACCOUNTING RECEIVED

CITY OF CARSON HELICOPTER BILLING 07/01/21-07/30/21

	NO. OF	FY 2021-22			
SERVICE	HOURS	HOURLY		LIAB. INS.	TOTAL
DATE	BILLED	RATE	CHARGE	11.00%	COST
07/01/21-07/30/21	1.31	\$1,813.94	\$2,376.26	\$261.39	\$2,637.65

NOTE: PLEASE REFER TO THE ATTACHED C.L.E.B. MEMO DATED 08/19/21

75766/CARSON STATION 9317/337/C015

We don't accept third-party checks.